	(when F1	110		
IP CONTROL NO. (Filled in by OG/CFS	5)	DOCUMENT SERVICE REQUEST		
PRESTON KATHRYN 03 FPL/PS EXT. 1313 / 644	GD-448 1H5113 TUBE CY1	DATE OF REQUEST Thay & FOOM NO. PHONE NO.		
CONFIDENTIAL CL	BY 0 58416			
TO: DECL DADE DEV	COV 1-82 -			
1 ′ ° . ⊢	RCD. FWD. INITIALS	INSTRUCTIONS E		
	rwo.			
OG/CFS DT-6		1. Use this form to request files and/or documents from OG/CFS. (Not to be used in lieu of Form 362.)		
2 REQUESTER		2. Include badge number and tube station in "FROM" block if gummed label has not been issued:		
3 OG/CFS DT-6		3. Indicate type of charge:		
4		Temporary Permanent		
5		4. Precedence: Routine Priority Immediate		
SUBJECT (must be furnished)		· —		
SUBJECT (must be furnished) Marked City Llispa	Tcles (Dernie)	5. Use reverse side of form.		
	DOCUMENT SYMBOL	DOCUMENT DISPOSITION OF REQUEST		
HQ FILE NUMBER	AND NUMBER	DOCUMENT DISPOSITION OF REQUEST DATE (To be completed by OG/CFS)		
	Hmmw - 121			
	4 mmw -1212c	5 1963 NR		
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14-00000

SECRET (When Filled In)

HQ FILE NUMBER	DOCUMENT SYMBOL AND NUMBER	DOCUMENT DATE	DISPOSITION OF REQUEST (To be completed by OG/CFS)
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	SECRET	1	